

# COLLIER COUNTY BUILDING PERMIT REVISION FORM

Growth Management Department | 2800 N. Horseshoe Drive, Naples Florida 34104 TEL: 239-252-2400

Residential 1 or 2 Units (Single Family/Duplex)  
  Residential 3 or more Units (Multi-family)  
  Commercial

Permit No. \_\_\_\_\_

<b>JOB LOCATION</b>	Job Address: _____	<b>CONTRACTOR \ PROFESSIONAL INFORMATION</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Owner Builder
	Parcel # / Folio: _____		Company Name: _____
	Owner's Name: _____		Qualifier/Professional Name: _____
	Agent Submitting Revision: _____		Contact Name: _____
			Address: _____
			City: _____ State: _____ Zip: _____
	Phone _____ Fax: _____		E-mail Address: _____

**ALL REVISIONS MUST BE "CLOUDED" WITH AN ITEMIZED LIST OF THE SCOPE OF WORK**

Note: Changes to any exterior portion of the building may result in an architectural review which may require an SDP amendment/change. Please clearly indicate any change to the façade and/or exterior of building. *Additional Cost value must be greater than zero dollars (\$0).*

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project Name:** \_\_\_\_\_ **Additional Cost of Construction \$:** \_\_\_\_\_

**Additional SQ. Ft. Living/Interior:** \_\_\_\_\_ **Additional SQ. Ft. Non Living/Exterior:** \_\_\_\_\_

**Check Trades Affected By Revision (check all applicable trades associated with revision)**

<input type="checkbox"/> Private Provider <input type="checkbox"/> Roofing <input type="checkbox"/> Septic <input type="checkbox"/> Shutters <input type="checkbox"/> Permit by Affidavit	<input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Low Voltage <input type="checkbox"/> Mechanical <input type="checkbox"/> Structural
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**Qualifier Acknowledgement of Revision Submittal**

COMPANY NAME: \_\_\_\_\_ STATE LICENSE NO: \_\_\_\_\_

QUALIFIER'S NAME (PRINT) : \_\_\_\_\_

QUALIFIER'S SIGNATURE: \_\_\_\_\_

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS \_\_\_\_/\_\_\_\_/\_\_\_\_

WHO IS PERSONALLY KNOWN: \_\_\_\_ OR AS PRODUCED ID: \_\_\_\_

TYPE OF ID: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_ (SEAL)

**PLEASE DO NOT WRITE BELOW. FOR STAFF USE ONLY**

**INSPECTIONS NEEDED:** \_\_\_\_\_ **ADDITIONAL FEES:** Building: \$ \_\_\_\_\_ Fire: \$ \_\_\_\_\_

11/1/14- PMR Date: \_\_\_\_\_ Days Review: \_\_\_\_\_ # Set of Plans: \_\_\_\_\_